

# ***The Herndon Police***



## ***Citizen's Police Academy***

***September 1, 2010 – November 17, 2010***



A Virginia State and Nationally Accredited Law Enforcement Agency



Please complete the following 3 forms and return them to:

The Herndon Police Department  
c/o Officer David Patterson  
397 Herndon Parkway  
Herndon, VA 20170  
fax 703-437-4516

# Herndon Police Citizen's Police Academy Application

(Please print or type)

NAME: \_\_\_\_\_  
Last First Middle

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ I.D. NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

TELEPHONE (HOME): ( ) \_\_\_\_\_ (CELL) \_\_\_\_\_ E-MAIL \_\_\_\_\_

OPERATOR'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_

Have you ever been arrested for any offense other than a traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe the circumstances (include where and when)

Have you previously applied for this program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes when?

Describe your interest in attending this program:

I hereby authorize the Herndon Police to make an examination of the records available to the Herndon Police for the purpose of evaluating my application.

Signature: \_\_\_\_\_

**ALL INFORMATION GIVEN ON THIS STATEMENT WILL BE INVESTIGATED, AND ANY INACCURATE, UNTRUTHFUL, OR MISLEADING ANSWER(S) WILL BE CAUSE FOR DISQUALIFICATION.**

**YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU UNDERSTAND THE ABOVE STATEMENT AND THE INFORMATION YOU SUPPLIED IS ACCURATE AND COMPLETE TO THE BEST OF YOUR KNOWLEDGE.**

# Academy Instructions

1. The Citizen's Police Academy participants shall not interfere with the routine operation of the Herndon Police.
2. Participants are expected to dress in casual business attire (slacks and dress shirt, blouse, etc., no tee shirts, clean jeans without holes will be acceptable).
3. The student shall not be armed at any time during the Academy, or in the police facilities.
4. Smoking in the police facility is not allowed.
5. No alcoholic beverages are allowed in the police facility or during academy activities.
6. Students must attend 75% of the classes to graduate.

In consideration of the Herndon Police granting permission to enter on or upon any premises or vehicle which are under its actual care or constructive or passive control, I hereby waive all claims to damage or loss to my person or property which may be caused by any act, or failure to act, of the Herndon Police, its officers, agents, or employees. I assume the risk of all dangerous conditions in, upon, or about the premises or vehicles and waive any and all notice of existence of such conditions.

**I certify that I understand the requirements and responsibilities of participating in this program.**

Student Signature	Date

**HERNDON CITIZEN'S POLICE ACADEMY  
ASSUMPTION OF RISK INDEMNITY AGREEMENT**

I have requested that the Town of Herndon Police Department allow me to participate in the Citizen's Police Academy. I am fully aware of the inherent risks associated with my participation in the Citizen's Police Academy which include, but are not limited to bodily injury, physical and emotional disability, death and property damage. Understanding these risks, it is still my decision to participate in the Citizen's Police Academy and in consideration of the Police Department allowing me to participate. I assume full responsibility for such risks. I agree that neither I nor my legal representatives, heirs and assigns, will hold the Town of Herndon, its officials or agents responsible for any injuries, disabilities, physical and mental disease, death, property damage or losses and expenses of any nature whatsoever that I may sustain as a result of my participation in the Citizen's Police Academy, whether caused by the negligence of the Town of Herndon, its officers, employees and agents or otherwise.

I further agree to indemnify, hold harmless, and to assume the defense of the Town of Herndon, its officers, employees and agents from all claims and expenses of any nature whatsoever, including the cost of defending such claims which may accrue against, be charged to or recovered from or sought to be recovered from the Town of Herndon, its officers, employees and agents, as a result of my participation in the Citizen's Police Academy.

I understand that this agreement is intended to be broad and inclusive as permitted by laws of the Commonwealth of Virginia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I further understand that permission to participate in the Citizen's Police Academy is granted subject to the rules and regulations of the Herndon Police Department and such permissions may be restricted or revoked entirely by the Herndon Police Department in its sole discretion.

Witness my signature this \_\_\_\_\_ day of \_\_\_\_\_ 2010.

\_\_\_\_\_  
Participants Name Printed

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Herndon Police Agent Signature